ORIGINAL RESEARCH PAPER

Obstetrics & Gynaecology

KEY WORDS:

RARE SITES OF ENDOMETRIOSIS

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ABSTRACT

INTRODUCTION- Endometriosis is a gynecological condition where functional endometrial tissue found outside the uterus. Incidence is 6-10% of reproductive age group .Based on symptoms, they will approach different specialities, where diagnosis is difficult and challenging.

CASES- 5 different cases reported to NRIGH. 2 cases diagnosed as scar endometriosis, they presented with pain abdomen at scar site with previous history of caesarean section .One case presented as secondary infertility with vague pain abdomen. On laparotomy ,biopsy showed colonic endometriosis. One case presented with complains of haematuria since 10 days ,Cystoscopic excision of bladder mass done. Biospy showed Endometriosis of bladder. Post hysterectomised complains of spotting and white discharge per vagina. Laparotomy done, biopsy showed left ovarian endometriosis and endometriosis of appendix.

DISCUSSION- Most common location of endometriosis include pelvic peritoneum ,ovaries, recto-vaginal septum .Rare sites are scars, appendix, Bladder etc.. Incidence of scar endometriosis-0.03-0.15%, colon with intestinal obstruction-0.1-0.6%, appendix is <1%.

CONCLUSION- Chronic pelvic pain in reproductive age group should have suspicion of endometriosis and treat accordingly.

INTRODUCTION

Endometriosis is a gynecological condition where functional endometrial tissue found outside the uterus. Incidence is 6-10% in reproductive age group. It is a benign condition and painful chronic condition. Based on the symptoms and site of involvement they will approach different specialities for diagnosis and it is difficult and challenging.

CASE REPORTS

We have 5 cases of endometriosis with 5 different sites of involument.

CASE 1-30 years old P2L2 ,1 previous LSCS, 1 VBAC, tubectomised 8 years back. Presented with pain at previous scar site since 2 years, increased since 2 months ,continuous in nature not related to menstrual cycle. USG revealed ill defined lesion 2.5x1.7cm predominantly in the subcutaneous location with subtle involvement of muscle layer at left iliac fossa with no significant colour flow- possible endometrioma.

Management –Excision done,histopathological appearance in favour of Endometriosis. Patient was kept on DMPA injections every 3 months for 1 year, and was on regular follow up , doing well.

CASE 2- 34 year old P2L2 , 2 previous LSCS, tubectomised 5 years back. Presented with pain in left iliac fossa since 4 years.pain started 1 year after LSCS ,which is related to menstrual cycle, After taking DMPA injections. Pain relieved and reoccurred after 3 months.USG revealed 15x9mm small hypoechoic lesion in the anterior abdominal wall within left rectus muscle. CECT revealed small abdominal wall lesion at left iliac fossa 14x8mm in the muscle layer ? focalendometrioma.

Management –Excision of endometrioma done. Biopsy reports shows intervening areas of haemorrhage consisting of hemosiderin pigment, foreign body giant cell reaction with reparative fibrosis. There are lymphocytic collections surrounding thick walled blood vessels- Suggestive of endometriosis.

CASE 3-28 year old P1L1 came with secondary infertility since 7 years with vague pain abdomen. She had regular menstrual cycles with normal abdominal and pelvic findings.USG revealed 33x28mm hypoechoic lesion in the left parametrium likely endometriosis. MRI showed 31x21mm lesion in sigmoid colon. Colonoscopy showed stricture in sigmoid colon.

Management-Laparoscopy followed by laparotomy done. Uterus, tubes, ovaries are normal. Stricture present at sigmoido-rectal junction. Sigmoidectomy done and end to end anastomosis done. Biopsy showed nests of non-secretory endometrium composed of both glands and stroma intersecting muscle bundles of muscularispropria-suggestive of Endometriosis of colon. Patient was on regular follow up and doing well.

CASE 4- 38 year old parous women came with haematuria sine 10 days , consulted urology department. USG report showed ?bladder carcinoma.

Management-Cystoscopic guided biopsy of bladder mass done. Biopsy showed Endometriosis of bladder. Cystoscopic guided excision done.

CASE 5-Post hysterectomised came with spotting per vagina ,white discharge per vagina. USG showed bilateral complex ovarian cyst . CECT –well defined non enchancing thick walled bilateral complex cystic lesion- ovarian origin.

Management- On laparotomy, bilateral ovarian cystectomy with appendicetomy done. Biopsy revealed left ovarian endometriosis and endometriosis of appendix.

DISCUSSION

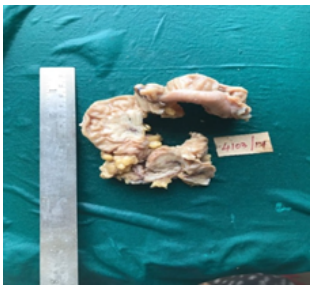
Most common location of endometriosis include –Pelvic peritoneum , ovaries, recto vaginal septum. Rare site are surgical scars, pleura , pericardium, GIT. Endometriosis can involve any organ except spleen. The" neurological hypothesis" is a new concept in the pathogenesis of endometriosis . The lesion seems to infiltrate the large bowel wall along the nerves at a distance from primary lesion. The iatrogenic route explains the presence of endometriosis at episiotomy and laparotomy scars. Incidence <2% after hysterectomy, 0.03-0.4% after caesarean section .colon with intestinal obstruction-0.1-0.6%, appendix-<1%.

Endometriosis usually becomes apparent in reproductive years, when the lesion are stimulated by ovarian hormones . 40% women have cyclic symptoms. Biopsy of suspected areas should provide a definitive histological diagnosis. To be conclusive , the presence of both endometrial glands and stroma should be present.

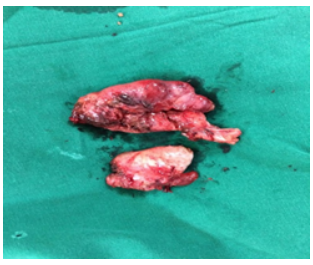
CONCLUSION

Any women in reproductive age group presenting with chronic pelvic pain should be thoroughly investigated , as one of the diagnosis is endometriosis, is difficult to diagnose.

Case 1



Case 3



Case 5

LSCS-Lower segment caesarean section
VBAC- Vaginal Delivery after caesarean section
USG – Ultrasonography
CECT- Contrast enchanced Computerised Topography
MRI- Magnetic Resosance Imaging
DMPA- Depot Medroxy Progesterone Acetate

REFERENCES

1. Marinis A, Vassiliou J, Kannas D, KairiE.Endometriosis mimicking soft tissue tumors;Diagnosis and treatment .Eur J GynecOncol 2006;27-2;168-70
2. Yu-Hung Lin ,Li-Jen Kuo, Ai-Yiingchaung, Cho-feng Hung, Extrapelvic endometriosis complicated with colonic obstruction.J Chin Med Assoc 2006;69-1;47-50
3. Geol P sood SS, RomillaDalal A. Caesarean scar endometriosis. Report of two cases .Indian J Med Sci 2005;59;495-98.